

COONALPYN & DISTRICT A. & H. SOCIETY INC.

MEMBERSHIP FORM

Name _____

Address _____

Town _____

Postcode _____

Type of Membership		
Annual	\$12	<input type="checkbox"/>
Please Nominate Year		_____
Life Member	\$120	<input type="checkbox"/>

Please make all cheques payable to
Coonalpyn & District A. & H. Show Society

Send your Membership applications to

The Secretary, Coonalpyn Show Society, PO
Box 29, Coonalpyn SA 5265